

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	355.2806	
		First Named Inventor	Sean Murphy	
COMPLETE IF KNOWN				
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration	Application Number		
	OR	Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	
			Group Art Unit	
			Examiner Name	

As a below named inventor, I hereby declare
My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Drinking Cup Identification System

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) [REDACTED] as United States Application or PCT International Application Number [REDACTED]
[REDACTED] and was amended on (MM/DD/YY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patents or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number <i>(if applicable)</i>

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Peter A. Borsari	32,114	Eric W. Trucksess	36,295

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

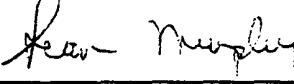
Direct All Correspondence To:

Name	Peter A. Borsari		
Address	2001 Jefferson Davis Highway		
Address	Suite 206		
City/State/Zip	Arlington, Virginia 22202-3603		
Country	United States	Telephone:	703-415-4633
		Fax:	703-415-4635

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor A petition has been filed for this unsigned inventor

Name of Sole or First Inventor: Sean Murphy

Inventor's Signature: 	Date: August 29, 2001
--	--------------------------

Residence Address: 260 East Crescent Avenue Elmhurst, IL 60126	Citizenship	United States
	Country of Residence	United States

Post Office Box: *(if applicable)*

Additional inventors are being named on the supplemental Additional Inventor sheet PTO/SB/02A attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**

SUPPLEMENTAL SHEET

Name of Additional Joint Inventor if any:
Catherine Murphy

A petition has been filed for this unsigned inventor

Inventor's Signature:



Date:

8-27-01

Residence Address: 260 East Crescent Avenue
Elmhurst, IL 60126

Citizenship

United States

Country of Residence

United States

Post Office Box: (if applicable)

Name of Additional Joint Inventor if any:

A petition has been filed for this unsigned inventor

Inventor's Signature:

Date:

Residence Address:

Citizenship

United States

Country of Residence

United States

Post Office Box: (if applicable)

Name of Additional Joint Inventor if any:

A petition has been filed for this unsigned inventor

Inventor's Signature:

Date:

Residence Address:

Citizenship

United States

Country of Residence

United States

Post Office Box: (if applicable)

Name of Additional Joint Inventor if any:

A petition has been filed for this unsigned inventor

Inventor's Signature:

Date:

Residence Address:

Citizenship

United States

Country of Residence

United States

Post Office Box: (if applicable)